

ST. MARY'S COUNTY LDAAC UPDATE: 1/2016

GOAL	OBJECTIVE	PERFORMANCE TARGET	PERSON/AGENCY RESPONSIBLE	UPDATE
I. Provide easy access to a full continuum of evidence based, culturally friendly, substance abuse treatment services for St. Mary's County residents.	1. Utilizing funding through DHMH, BHA grants, contract with BHA approved licensed, certified and nationally accredited providers to offer substance abuse treatment services.	1) 100% of treatment providers will have completed the BHA required national accreditation process by the BHA deadline date. 1a) 100% of the consumers utilizing BHA funded substance abuse treatment services will be offered a customer satisfaction survey.	Contracted Substance Abuse Treatment Providers and the Local Addiction Authority Contracted Substance Abuse Treatment Providers and the Local Addiction Authority	<i>100% of the current contracted providers are licensed, certified and accredited or in the accreditation process. The deadline is 1/1/18.</i> <i>100% of contracted SA Tx Providers will provide point in time survey results quarterly and provide an annual analysis.</i>
	2. Facilitate convenient, continuing education training for treatment professionals to ensure provider compliance with BHA certification and national accreditation.	2) 100% of clinical staff will receive training in evidence base practices within first year of employment.	Contracted Substance Abuse Treatment Providers and the Local Addiction Authority	<i>100% of the current contracted providers have received continuing education credits in evidence based practices as documented in respective human resource records.</i>
	3. Encourage full participation of consumers' family members in treatment continuum (planning, implementation and evaluation services.)	3) 100% of consumers will be offered family supportive services by BHA funded substance abuse treatment providers.	Contracted Substance Abuse Treatment Providers and the Local Addiction Authority	<i>100% of the current contracted providers are providing family assessments to consumers.</i>
	4. Continue to provide recovery and wellness centers with peer support services to both adult and adolescents in recovery.	4) 100% of consumers utilizing BHA funded substance abuse treatment services will be offered community recovery support services.	Contracted Substance Abuse Treatment Providers and the Local Addiction Authority	<i>100% of the current contracted providers are offering recovery support services to consumers.</i>
	5. Utilizing an LDAAC subcommittee, evaluate the current cultural demographics, focusing on Limited English Proficiency (LEP), to assess the need for additional LEP services and materials.	5) Expand the number of LEP treatment and prevention services, including printed materials, available to consumers.	Local Drug And Alcohol Council (LDAAC).	<i>100% of the current contracted providers are offering LEP treatment services with materials printed in 2 or more languages. Interpreters are utilized upon request.</i>
	6. Actively monitor system changes and develop plans to address community needs accordingly.	6) Using the BHA model for the integration of behavioral health services, work with the local Mental Health team to build a local joint BH team. Request technical assistance as needed.	Local Drug And Alcohol Council (LDAAC) and local Mental Health Team.	<i>The LDAAC & Mental Health Team held the first integration planning meeting on June 16, 2016.</i>
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II. Identify funding to continue expansion of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach to community agencies and providers.	1. Offer SBIRT training and technical assistance to community agencies' staff and local physicians. <i>Revised Objective 1: Offer refresher SBIRT training and opiate related training & technical assistance for health providers and community members.</i>	1) At least 3 public agencies and 5 local physicians/Nurse Practitioners/Physician's Assistants, will be trained in SBIRT and have a written organizational protocol for ensuring SBIRT delivery. <i>Revised Performance Target 1: At least 2 refresher SBIRT trainings and 5 video-based training on opioid topics will be conducted for current health providers and community members.</i>	<i>Contracted Treatment Provider and local Health Department.</i>	<i>No change.</i>

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	<p>2. Identify a navigator for each agency and medical group to guide referrals to resources and services.</p> <p><i>Revised Objective 2: Identify a navigator for the public school system to guide referrals to resources and services.</i></p> <p>3. Partner with state and local agencies to determine high need, high volume locations for implementation for on-site screeners.</p>	<p>2) 100% of the public agencies and local physicians trained in SBIRT will have a navigator identified to guide referrals to resources and services.</p> <p><i>Revised Performance Target 2: the public school system will have a navigator identified to guide referrals to resources and services.</i></p> <p>3) At least 2 primary sites will be identified as high volume high need locations for on-site screeners with an implementation plan complete.</p>	<p><i>Local Public School System.</i></p> <p>Local Drug And Alcohol Council (LDAAC) and partnering organizations.</p>	<p><i>No change.</i></p>
III. Expand and enhance the continuum of care for adolescent and adult substance abuse offenders.	<p>1. Provide integrated substance abuse treatment options for adolescents and adults referred through the criminal justice system.</p> <p>2. Expand funding support for the Detention Center offender pre-trial/reentry transition planning, training, counseling and case management for treatment and supportive services through grants and collaborative partnerships.</p> <p>3. Partner with local law enforcement, juvenile services and the public school system to address options for non-criminal offenders.</p>	<p>1) 100% of <i>pre-trial and adjudicated</i> offenders who screen + will be referred for a substance abuse assessment; 100% who are assessed as needing substance abuse treatment will be referred to community or jail based programming.</p> <p>1a) 100% of identified opiate users exiting detention, will be offered training in the use of Naloxone.</p> <p>2) Identify funding to support additional pre-trial, offender re-entry and case management services.</p> <p>3) Implement a process for non-criminal alcohol and marijuana citations and/or school-based offenses related to alcohol, drugs or other behaviors, to be screened and referred for substance abuse treatment services.</p>	<p>Contracted Substance Abuse Treatment Providers, local Law Enforcement, Drug Court Coordinator and the Local Parole & Probation</p> <p>Local Health Dept., local Law Enforcement and Local Addiction Authority</p> <p>Local Drug And Alcohol Council (LDAAC).</p> <p>Local Public School System, local Law Enforcement, Dept. Of Juvenile Services and the Local Addiction Authority</p>	<p><i>No change.</i></p> <p><i>No change.</i></p> <p><i>No change.</i></p> <p><i>No change.</i></p>
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IV. Educate and empower St. Mary's County residents to lead healthy lifestyles, free of alcohol and drug abuse.	<p>1. Facilitate evidence-based prevention programs for children and their parents.</p> <p>2. Recruit youth for representation on the Communities Mobilizing for Change on Alcohol (CMCA) and the Community Alcohol Coalitions (CAC) to assist with adolescent prevention and intervention strategies.</p>	<p>1) Outreach efforts will include 3 high school orientations, 3 Freshmen orientations and offer at least 2 evidence based courses for middle and high school parents.</p> <p>1a) Technical assistance and training for 19 Pre K programs in the public school system to enhance and implement evidence based pre k prevention programs.</p> <p>2) At least 2 Youth representatives from St. Mary's County will be recruited and actively participate in the CMCA & CAC.</p>	<p>Prevention Specialist & contracted providers</p> <p>Prevention Specialist & contracted providers</p> <p>CMCA & CAC contracted provider and the local Public School System</p>	<p><i>Programs have been implemented and/or completed.</i></p> <p><i>At least one college student has been recruited and retained for the combined CAC/CMCA meetings and activities. The program coordinator has reached out to the local public school system to engage high school students.</i></p>

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	<p>3. Utilizing media campaigns, educational summits and public event forums, continue community outreach efforts.</p>	<p>3) At least 2 alcohol and opiate prevention media campaigns will be implemented during the next 2 fiscal years.</p>	<p>Dept. Of Aging & Human Services, local Health Dept. & CMCA & CAC contracted provider</p>	<p><i>Through renewed BHA OMPP funds, the initiatives has been implemented with focus on social & retail availability and the Smart Medicine campaign continues with billboard, poster, bus wrap and web-based ads. Education efforts continue with local prescribers and dispensers of medication.</i></p>
		<p>3a) At least 2-3 parent and youth led drug free summits will be conducted during the next 2 fiscal years.</p>	<p>Local Drug And Alcohol Council (LDAAC).</p>	<p><i>Complete in Mar/Apr 2016.</i></p>
		<p>3b) Naloxone training will be offered to community groups and private citizens as needed.</p>	<p>Local Health Dept.</p>	<p><i>Program has been implemented and is underway.</i></p>
	<p>4. Expand capacity within the community to implement evidenced-based environmental programs.</p>	<p>4) Continue to work with community stakeholders to coordinate multiple coalition efforts to gather data to assist with identifying and prioritizing local prevention efforts; i.e.: mobilize community resources and implement an a la carte menu of evidence-based strategies and activities in a process consistent with the five step SPF process.</p>	<p>Local Health Dept., Healthy St. Mary's Partnership, and the Behavioral Health Action Team.</p>	<p><i>Data collection planning and implementation is currently underway.</i></p>
	<p>5. Utilizing the 2015 Qualitative Needs Assessment and Youth Surveys, explore additional opportunities for pro-social and wellness activities for youth.</p>	<p>5) A Youth focus group consisting of at least 5 middle school students and 5 high school students will identify at least 3 pro social and/or wellness activates based on the data from the Youth survey and needs assessment.</p>	<p>CMCA & CAC contracted provider, the local Public School System and the Youth Recovery Support provider.</p>	<p><i>The public school system has implemented a student advisory committee to work on youth related issues.</i></p>